

<i>SERFF Tracking Number:</i>	<i>GEFA-125744309</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39713</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>LTC Compliance</i>		
<i>Project Name/Number:</i>	<i>LTC Compliance/CNFLP 06/01/07</i>		

## Filing at a Glance

Company: Genworth Life Insurance Company	SERFF Tr Num: GEFA-125744309	State: ArkansasLH
Product Name: LTC Compliance	SERFF Status: Closed	State Tr Num: 39713
TOI: LTC03I Individual Long Term Care	Co Tr Num:	State Status: Approved-Closed
Sub-TOI: LTC03I.001 Qualified	Co Status:	Reviewer(s): Marie Bennett, Harris Shearer
Filing Type: Form	Authors: June Lipscomb, Jeanette Mai	Disposition Date: 09/11/2008
	Date Submitted: 07/23/2008	Disposition Status: Approved
Implementation Date Requested: 01/01/2009		Implementation Date:
State Filing Description:		

## General Information

Project Name: LTC Compliance	Status of Filing in Domicile: Not Filed
Project Number: CNFLP 06/01/07	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/11/2008	Deemer Date:
State Status Changed: 09/11/2008	
Corresponding Filing Tracking Number:	
Filing Description:	

We are submitting the attached individual long term care policy forms for your review and approval. These forms are being filed pursuant to your State's recent adoption of the NAIC Model Regulation regarding long term care insurance.

The following forms are new to our portfolio:

Policy Endorsement CNFLP 06/01/2007 will, upon approval, be attached to issues of policy forms 7048, 7042 and 7044

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in your state. The endorsement will revise the current policy Contingent Nonforfeiture Benefit provision. Your Department previously approved policy form 7048 on 6/20/07 and policy forms 7042 and 7044 were approved on 4/21/03. Also attached is the Potential Rate Increase Disclosure form 81945CNF for use with policy forms 7048, 7042 and 7044.

The Right to Reduce Coverage Endorsement, DGRADE 6/1/2007, when approved, will be used with policies 7042 and 7044.

## Company and Contact

### Filing Contact Information

Jeanette Mai, Contract Analyst	jeanette.mai@genworth.com
6630 W Broad Street	(804) 922-5639 [Phone]
Richmond, VA 23230-1700	(804) 281-6285[FAX]

### Filing Company Information

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6610 W Broad Street	Group Code: 350	Company Type: LifeHealth &
		Annuity
Richmond, VA 23230	Group Name:	State ID Number:
(804) 281-6600 ext. [Phone]	FEIN Number: 91-6027719	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	Yes
Fee Explanation:	\$50 X 3 (forms)= \$150
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$150.00	07/23/2008	21551319

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	09/11/2008	09/11/2008

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## **Disposition**

Disposition Date: 09/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	GEFA-125744309	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	39713
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	LTC Compliance		
Project Name/Number:	LTC Compliance/CNFLP 06/01/07		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter		Yes
Form	Contingent Nonforfeiture Endorsement		Yes
Form	Right to Reduce Coverage Endorsement		Yes
Form	Potential Rate Increase Disclosure		Yes

SERFF Tracking Number:	GEFA-125744309	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	39713
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## Form Schedule

**Lead Form Number:** CNFLP 06/01/07

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CNFLP 06/01/07	Policy/Cont	Contingent ract/Fratern Nonforfeiture al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	CNFLP 612007.pdf
	DGRADE 6/1/2007	Policy/Cont	Right to Reduce ract/Fratern Coverage al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43	Endorsement DGRADE 6-1-2007 Rev.pdf
	81945CNF	Other	Potential Rate Increase Disclosure	Initial			81945CNF_092807_gnw.pdf

## Contingent Nonforfeiture Endorsement

*The Contingent Nonforfeiture Benefit Provision of the Policy to which this endorsement is attached is replaced with the following:*

### CONTINGENT NONFORFEITURE BENEFITS

#### **WHEN BENEFITS APPLY**

We will notify You prior to any change in premium rates for this Policy. Anytime the cumulative amount of all such premium increases equals or exceeds the applicable Triggers Indicating a Substantial Premium Increase shown below, We will offer, without requiring additional underwriting:

- > To reduce Your Policy benefits so that the required premium payments are not increased; and
- > To convert Your coverage, without requiring additional underwriting, to a paid-up status with a Shortened Benefit Period Plan as described below; and
- > To convert Your Policy to a Reduced Benefits Plan as described below if:
  - The Premium Payment Period shown in the Schedule is a fixed or limited period (and not "Lifetime"); and
  - Premiums have been paid for at least 40% of the number of months in the Premium Payment Period.

#### **Triggers Indicating a Substantial Premium Increase**

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>	<u>Issue Age</u>	<u>Increase Over Initial Premium</u>	<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 30	200%	66	48%	79	22%
30 - 34	190%	67	46%	80	20%
35 - 39	170%	68	44%	81	19%
40 - 44	150%	69	42%	82	18%
45 - 49	130%	70	40%	83	17%
50 - 54	110%	71	38%	84	16%
55 - 59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 & older	10%
65	50%	78	24%		

#### ***Additional Triggers when the Premium Period is a fixed or limited period***

Under 65	50%	65-80	30%	Over 80	10%
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#### **THE SHORTENED BENEFIT PERIOD PLAN** *(For all Premium Payment Periods)*

When coverage is converted to the Shortened Benefit Period Plan the Policy will continue automatically with a reduced Lifetime Maximum. It will have the same benefits, Elimination Period/Deductible and other payment limits that were in effect at the time of lapse or election to convert. These limits will not change thereafter. The amount of Your reduced Lifetime Maximum will be the greater of:

- > The maximum benefit amount applicable, at the time of default or lapse, under the Nursing Home Benefit for one month (30 days); or
- > 100% of the sum of all premiums actually paid and attributed to You for Your insurance under this Policy and any attached forms, including premiums paid prior to any change in benefits

This Lifetime Maximum will not be reduced by any benefits paid or payable for expenses incurred prior to the date of lapse. The total amount payable under this Benefit and the

Policy (while it was in force) is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status.

**THE REDUCED BENEFITS PLAN** *(for fixed or limited Premium Payment Periods less than lifetime)*

When coverage is converted to the Reduced Benefits Plan the Policy will continue automatically with reduced benefit payment maximums. It will have the same Benefits and Elimination Period/Deductible that were in effect at the time of lapse or election to convert. The remaining Lifetime Maximum, Daily Maximum or Monthly Maximum and payment limits for each benefit will be reduced to an amount equal to:

- > Ninety percent (90%) of the respective amounts in effect immediately prior to the lapse;  
MULTIPLIED BY
- > The ratio of the number of completed months of paid premiums divided by the number of months in the Premium Payment Period.

The amount of any Benefit Increases will be reduced in the same manner. There will be no reduction in Your Lifetime Maximum if it is "Unlimited".

**ELECTION OF AN OPTION**

An applicable option may be elected at any time during the 120-day period following the due date of the premium increase.

We will notify the Policyholder that a default or lapse at any time during the 120-day period following the due date of the premium increase will be deemed to be the election of the option to convert coverage to the plan which provides the greatest paid-up Lifetime Maximum.

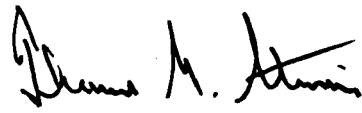
If this Policy has a Nonforfeiture Benefit Rider, that Benefit will may be elected whenever this Policy lapses after having been in force for at least 3 years (even if there have been no premium increases).

This Endorsement forms a part of the Policy to which it is attached.

In all other respects the provisions and conditions of the Policy remain the same.

**Signed for Genworth Life Insurance Company.**

  
Secretary

  
President and CEO, Long Term Care Division

## **RIGHT TO REDUCE COVERAGE ENDORSEMENT**

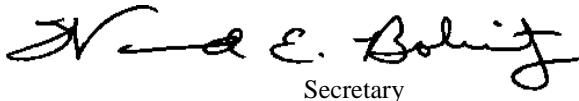
*The following provision is added to the Premium Provisions of the Policy to which this Endorsement is attached:*

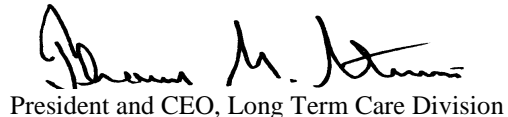
**Right to Reduce Coverage and Lower Premiums:** You have the right to reduce Your future premiums at any time by requesting that We delete an optional Benefit for which an additional premium is charged, or by decreasing Your Daily Maximum or Lifetime Maximum amounts under the Policy. We may limit any reduction in coverage to plans or options available for this Policy form and those for which benefits would be available after consideration of claims paid or payable. The premium for the reduced coverage will be based on Your the age used to determine the premiums for the coverage in force. The reduced coverage will become effective as of the date the next premium is due following the date We receive Your written request, or a later premium due date specified in Your written request. If You request a decrease in coverage, You will not be required to provide proof of insurability.

This Endorsement forms a part of the Policy to which it is attached.

In all other respects the provisions and conditions of the Policy remain the same.

**Signed for Genworth Life Insurance Company.**

  
Secretary

  
President and CEO, Long Term Care Division

# LONG TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

1. The **annual premium rate** that is applicable to you and that will be in effect until a request is made and approved for an increase is \$ \_\_\_\_\_.
2. **The premium for this policy will be shown on the schedule page of your policy.**
3. **Rate Schedule Adjustments:** The company will provide a description of when premium rate or rate schedule adjustments will be effective on the next policy anniversary date.
4. **Potential Rate Revisions:** *This policy is Guaranteed Renewable.* This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

*If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:*

- Pay the increased premium and continue your policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.\* (This option may be available if you do not purchase a separate nonforfeiture option.)

## I have read the above information concerning "Potential Rate Increases."

Applicant A's Signature	Date
Applicant B's Signature	Date

## \* CONTINGENT NONFORFEITURE

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose the Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

### Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy).

(over)

**Retain a copy for your records and return a signed copy with your application to Genworth Life Insurance Company.**

## CONTINGENT NONFORFEITURE

Cumulative Premium Increase over Initial Premium that qualifies for Contingent Nonforfeiture

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	Percent Increase Over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%

Issue Age	Percent Increase Over Initial Premium
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

In addition to the contingent nonforfeiture benefits described above, the following reduced “paid-up” contingent nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your policy. If both the reduced “paid-up” benefit AND the contingent benefit described above are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for the reduced “paid-up” contingent nonforfeiture benefit when all three conditions shown below are met:

1. The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the chart below;

### Triggers for a Substantial Premium Increase

Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying your premiums within 120 days of when the premium increase took effect; AND
3. The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced “paid-up” status. That means there will be no additional premiums required. Your benefits will also change in the following ways:

- a. The total lifetime amount of benefits your reduced paid up policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the policy becomes paid up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.
- b. The daily benefit amounts you purchased will also be adjusted by the same ratio.

If you purchased lifetime benefits, only the daily benefit amounts you purchased will be adjusted by the applicable ratio.

### Example:

- You bought the policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your “paid-up” policy benefits are .45 (.90 times .50) times the total benefit amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced “paid-up” policy.

# LONG TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM

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(over)

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45-49	130%
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63	58%
64	54%
65	50%
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules


	<b>Review Status:</b>	
<b>Satisfied -Name:</b> Certification/Notice		07/23/2008
<b>Comments:</b>		
<b>Attachment:</b>		
Readability Certification.pdf		
	<b>Review Status:</b>	
<b>Bypassed -Name:</b> Application		07/23/2008
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		
	<b>Review Status:</b>	
<b>Bypassed -Name:</b> Health - Actuarial Justification		07/23/2008
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		
	<b>Review Status:</b>	
<b>Bypassed -Name:</b> Outline of Coverage		07/23/2008
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		
	<b>Review Status:</b>	
<b>Satisfied -Name:</b> Cover Letter		07/23/2008
<b>Comments:</b>		
<b>Attachment:</b>		
AR Submission Letter.pdf		

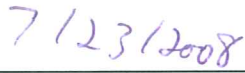
**GENWORTH LIFE INSURANCE COMPANY**  
**Readability Certification**

This is to certify that the forms listed below, when scored under the Flesch Reading Ease Test meets your state's minimum Flesch Score.

Forms	Description
CNFLP 6/1/2007	Contingent Nonforfeiture Benefit Endorsement
DGRADE 6/1/2007	Right to Reduce Coverage Endorsement

  
\_\_\_\_\_  
Officer's Signature

  
\_\_\_\_\_  
Officer's Title

  
\_\_\_\_\_  
Date



6620 West Broad Street  
Building 4  
Richmond, VA 23230  
www.genworth.com

July 23, 2008

Arkansas Department of Insurance

**Re: GENWORTH LIFE INSURANCE COMPANY**  
**Individual Long Term Care Insurance**  
**NAIC # 70025 FEIN 91-6027719**

**FORM**

CNFLP 06/01/07  
81945CNF  
DGRADE 6/1/2007

**DESCRIPTION**

Contingent Nonforfeiture Endorsement  
Potential Rate Disclosure  
Right to Reduce Coverage Endorsement

Dear Sirs:

We are submitting the attached individual long term care policy forms for your review and approval. These forms are being filed pursuant to your State's recent adoption of the NAIC Model Regulation regarding long term care insurance.

The following forms are new to our portfolio:

Policy Endorsement CNFLP 06/01/2007 will, upon approval, be attached to issues of policy forms 7048, 7042 and 7044 in your state. The endorsement will revise the current policy Contingent Nonforfeiture Benefit provision. Your Department previously approved policy form 7048 on 6/20/07 and policy forms 7042 and 7044 were approved on 4/21/03. Also attached is the Potential Rate Increase Disclosure form 81945CNF for use with policy forms 7048, 7042 and 7044.

The Right to Reduce Coverage Endorsement, DGRADE 6/1/2007, when approved, will be used with policies 7042 and 7044.

We trust that this submission will be acceptable to your Department. Please let me know if you should have any questions or comments.

Sincerely,

*Jeanette Mai*

Jeanette Mai  
Sr. Contracts Analyst  
Long Term Care Contracts Division  
Jeanette.Mai@genworth.com  
800-284-5568 Options 2, 4

Enclosures